RECEIVED
CENTRAL FAX CENTER
JUL 2 5 2006

4801

In re:	Michael Evans et al.			
Case:	P4800C1	Application No.: 10/733,076		Filing date: 12/10/2003
Art Unit:	2617	Examiner: Gary Au		
Subject:	Networking by Matching Profile Information Over a Data-Packet-Network and a Local Area Network			

Certificate of Transmission under 37 CFR 1.8

Attention: Gary Au   , Examiner

Fax No.: (571) 273-8300

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on 07/25/2006   .
        Date

[signature]
Signature

Sheri Beasley
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Total Sheets Transmitted - 8

1. Amendment Transmittal - 1 sheet
2. Duplicate Amendment Transmittal - 1 sheet
3. Response A - 5 sheets
4. Certificate of Transmission - 1 sheet

Please call (831) 726-1457 if you have any questions.

Method of Transmission: Facsimile   CASE DOCKET NO.   P4800C1

In reference to application of Michael Evans et al.

Serial No. 10/733,076

For Networking by Matching Profile Information Over a Data-Packet-Network and a Local Area
Sir: Network

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

☑ No additional fee is required.
☑ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	10	Minus	** 20	0	$ 25	$ 50	$ 0.00
Indep Claims	2	Minus	*** 3	0	$ 100	$ 200	$ 0.00
☐ First presentation of a multiple dependent claim					$ 0	$ 0	$ 0.00
☐ Terminal Disclaimer Fees							$ 0.00
Extension Fee	☐ 1st Month		☐ 2nd Month		☐ 3rd Month		$ 0.00
Total additional for claims, time extensions and disclaimer fees							$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
**** Multiple dependencies, if any, included in the above calculation.
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of ___0.00___ is attached.

☐ Charge $ ___0.00___ to deposit account ___50-0534___ . (A duplicate of this sheet is enclosed)

☑ Please charge any additional fees or credit overpayment to Deposit Account ___50-0534___ . A duplicate of this sheet is enclosed.

                                         Respectfully Submitted, /Donald R. Boys/
                                                                  _____
                                                                  Donald R. Boys
                                                                  Reg. No. 35074

Central Coast Patent Agency, Inc.
P.O. Box 187
Aromas, CA 95004
(831) 726-1457

Method of Transmission: Facsimile   CASE DOCKET NO.   P4800C1

In reference to application of   Michael Evans et al.

Serial No. 10/733,076

For Networking by Matching Profile Information Over a Data-Packet-Network and a Local Area
Sir: Network

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

☑ No additional fee is required.
☑ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	10	Minus	** 20	0	$ 25	$ 50	$ 0.00
Indep Claims	2	Minus	*** 3	0	$ 100	$ 200	$ 0.00
☐ First presentation of a multiple dependent claim					$ 0	$ 0	$ 0.00
☐ Terminal Disclaimer Fees							$ 0.00
Extension Fee	☐ 1st Month		☐ 2nd Month		☐ 3rd Month		$ 0.00
Total additional for claims, time extensions and disclaimer fees							$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
**** Multiple dependencies, if any, included in the above calculation.
* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of   0.00   is attached.

☐ Charge $ 0.00   to deposit account   50-0534 . (A duplicate of this sheet is enclosed)

☑ Please charge any additional fees or credit overpayment to Deposit Account   50-0534 . A duplicate of this sheet is enclosed.

Respectfully Submitted, /Donald R. Boys/

                                                    Donald R. Boys
                                                    Reg. No. 35074

Central Coast Patent Agency, Inc.
P.O. Box 187
Aromas, CA 95004
(831) 726-1457

COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Art Unit: 2617   Examiner: Gary Au

In Re: Michael Evans et al.
Case: P4800C1
Serial No.:   10/733,076
Filed: 12/10/2003
Subject: Networking by Matching Profile Information Over a Data-Packet-Network
              and a Local Area Network

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

RESPONSE A